

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

| asschusette | | | | |
|--|--|--|---|---|
| with: y or Town Clerk or Election Commission Please print or type all in | formation except si | matures // | JT 001 29 | P 3: F3 |
| Fill in dates: Month Date Y | 007 Ending | Month | Date Z 7 | 2007 |
| Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elect | ion 30 day after | election [| year-end repo | ort 🗆 dissolutio |
| 2.0 | | | T | 111 |
| Full Name of Candidate (if applicable) | _ Committee | Committee | e.t Stetan Name | Molner |
| School Committee | Bronwyn | Cooke | | |
| Office Sought and District 31 Winslow St #3 | Name 31 Wins | of Committe | | |
| Residential Address | Com | mittee Maili | ng Address | |
| Tel. No. (optional) | | | Tel. No | o. (optional) |
| SUMMARY BALA | NCE INFORMA | TION. | | $\overline{}$ |
| Line 1: Ending balance from pre | | \$ | 0 | |
| Line 2: Total receipts this period | | s | 920.01 | _ |
| Line 3: Subtotal (line 1 plus line 2) | | S | 920.01 | - 1 |
| | what are | | | - 1 |
| Line 4: Total expenditures this pe | | | 574.41 | _ |
| Line 5: Ending balance (line 3 minus | line 4) | S | 345.6 | |
| Line 6: Total in-kind contributions t | his period (page | 4) S | 0 | 1 |
| Line 7: Total (all) outstanding liabilities (page 4) | | | c | - |
| Line 8: Name of bank(s) used | 77 | \$_ eak | | |
| | | | | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disburstampaign finance activity of all persons acting under the authority or on behalf of Signed under the pen | ements, in-kind contribution this committee in accordant talties of perjury; | ons and liabilities | for this reporting | period and represents _ c. 55. |
| FOR CANDIDATE FILINGS (| ONLY: (CANDIDAT | E MIIST SICN | BELOW | |
| Affidavit of Candidate: (check I box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, the finance activity, of all persons acting under the authority or on behalf of this concontributions, incurred any liabilities nor made any expenditures on my behalf du Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it is, the finance activity, including contributions, loans, receipts, expenditures, disbursen campaign finance activity of all persons acting under the authority or on behalf of Signed under the penaltics. | o the best of my knowledg mmittee in accordance with tring this reporting period. filling separate report to the best of my knowledg, ments, in-kind contributions this committee in accorda | e and belief, a tri the requirement e and belief, a tri s and liabilities f | ue and complete states of M.G.L. c. 55. | I have not received an atternent of all campaign priod and represents the |
| Stefan M.J. | | 10 | 129/200 | 7 |
| andidate signature (in ink) | | | Date | - |

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

| Date Name and Residential Address Received (alphabetical listing required) | | Amount | | Occupation & Employer (for contributions of \$200 or more) | |
|--|--|--------|-----|---|--|
| | 7 Pice Corusene MenchestiNH 03104 Dione Cooke Donbury CT 26811 | 200 | 00 | NH Domocratic Party | |
| 10/1/07 | Dione Cooke Donbary CT 26811 | 150 | 00 | | |
| | Avi Green Cambildgo, MA 02139 | 150 | æ | 7) | |
| 9/28/67 | Sorth Mosbacher Brighton, MA 02135 | 100 | 00 | | |
| 9/25/07 | Chris Roth Rendered MA 02/36 | 50 | 00 | | |
| 10/1/07 | Mary Tillmann 29 RC Kellog St. Cumbridge, MA = 2188 | 50 | ot | | |
| | The state of the s | Ÿ | | | |
| | | | | 19. | |
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| | | | | | |
| Line 9: | Total receipts in excess of \$50 (or listed above) | 700 | | | |
| Line 10: | Total receipts \$50 and under* (not listed above) | 220 | .01 | | |
| Line 11: | TOTAL RECEIPTS IN THE PERIOD | 920 | ,01 | Enter on page 1, line 2 | |

If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.
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SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Am | ount |
|-----------|--|---------|---------------------------------|-----|------|
| 10/11 | | | Political Signs | 294 | ot |
| 10/11 | | | Compagn | 236 | 25 |
| | | | | | |
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| | | | | | |
| | | Line 1 | 2: Expenditures over \$50 | 530 | 25 |
| | | Line 1 | 3: Expenditures \$50 and under* | 44 | 16 |
| E | inter on page 1, line 4 | Line 1 | 4:TOTAL EXPENDITURES | 574 | 41 |

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|------------------|-------------------------|---------------------|--------------------------------|-------|
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| | | | | |
| | | Line 15: | In-kind over \$50 | |
| | | Line 16: | In-kind \$50 and under | |
| | Enter on page 1, line 6 | Line 17: | Total In-kind | 0 |

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address Purpose | Amount |
|------------------|-------------------------|--|--------|
| | | | |
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| | | | |
| | | | |
| | | | |
| | Enter on page 1, line 7 | Line 18: OUTSTANDING LIABILITIES (ALL) | 0 |

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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